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Patent Specialist

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_  
APPLICANT(S) **10/08 9290**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3							53						
4							54						
5							55						
6		5		5			56						
7		7		7			57						
8	1		1				58						
9							59						
10							60						
11	1		1				61						
12							62						
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16	1		1				66						
17	1		1				67						
18	1		1				68						
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24			1				74						
25	1		1				75						
26	1		1				76						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9		9		9		TOTAL IND.	9		9		9	
TOTAL DEP.	20		20		20		TOTAL DEP.	20		20		20	
TOTAL CLAIMS	29		29		29		TOTAL CLAIMS	29		29		29	